

FILED DEC 4 - 1957

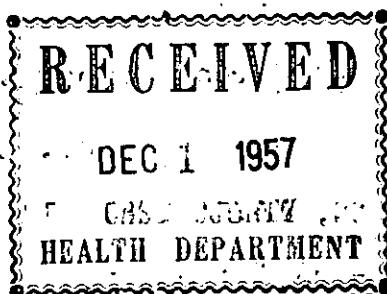
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39549**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5227		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Cass.			
b. CITY (If outside corporate limits, give RURAL and give township) Peaculiar Twp.		c. LENGTH OF STAY (in this place) 31 Yrs.		c. CITY OR TOWN Drexel.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Pleasant View Rest Home.				e. STREET ADDRESS (If rural, give location) No Street Numbers.			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN		b. (Middle) CAROLINE		c. (Last) BRUMMETT		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1957	
5. SEX Female.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.		8. DATE OF BIRTH (Month) (Day) (Year) Nov. 28, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY Household Duties.		11. BIRTHPLACE (City and State or Foreign Country) West Point, Dade Co., Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. C. Brummett		13b. MOTHER'S MAIDEN NAME Elizabeth Boone.		14. NAME OF HUSBAND OR WIFE Never Married.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Hoverder, K. C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cardiac Insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mos 2 yrs 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 29, 1956 , to Nov. 23, 1957 , that I last saw the deceased alive on Nov 23, 1957 , and that death occurred at 7 1/2 m. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Hays		(Degree or title) D.O.		23b. ADDRESS Harrisonville, Missouri.		23c. DATE SIGNED 11/23/57.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/25/1957.		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		24d. LOCATION (City, town, or county) (State) Drexel Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11/23/57.		REGISTRAR'S SIGNATURE Dora Barman		EMBALMER'S SIGNATURE J.B.Hays		ADDRESS Drexel, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXX~~.....~~XXXXXX~~

working ~~XXXXXX~~.....~~XXXXXX~~

Student ~~XXXXXXXXXXXXXXXXXXXXXX~~.....
Signature of Student Embalmer

Signed ..... J. B. Hays

Licensed Embalmer No. 1950.....

P. O. Address Drexel, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.